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V. S. No. 1

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	County
Vill	age or
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P	CCUPAT a) Trade articular b) General usiness, hich em
-	IRTHPL. (State o
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PARENTS	OF F (Sta
	13 BIR

	PLACE OF DEATH County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1074
Vill	2FULL NAME June 4	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	MARRIED WIDOWED. MODIVORCED (Write the word)	16 DATE OF DEATH 2 () , 1928 () ((Year)
6 D	2 - 10 , 1.932 (Month) (Day) (Year)	that I last saw h alive on 192, 192,
(a	ge If LESS than I day hrs. or lumin.? CCCUPATION a) Trade, profession or articular kind of work	and that death occurred on the date stated above, at
Obi w	o) General nature of industry usiness, or establishment in which employed or (employer)	Contributory Secondary (Duration) yrs
LS.	10 NAME OF FATHER William Brown 11 BIRTHPLACE OF FATHER	(Signed) J. R. Heydt iz M. D. 2-10 1982 (Address) Muhsiela
PARENTS	(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) M 4/	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the Office Control of Control
14 T	(Informant) William Brown	Where was disease contracted, if not at place of death? Former or usual residence
15	(Address) Int Velocia Filed 2-10 1982 P. L. Afridani Registrar	Shiloh Comby 2 10 71937 20 UNDERTAKER ADDRESS LAURESS LAURES LAURES LAURES LAURES LAURESS LAUR
	If more branks are needed, addresa State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write None. state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Coult ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Furni loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causantial the same disease. Examples: "erebrospital to time and causantial the same disease."; spinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

teanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably smeide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, State cause for which surgical operation was diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonities," etc. can be ascertained as the cause. Always qualify all "(Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondar/ or intercurrent) affection need not be Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); inges, perilonocum, etc., Carcinoma, Sarcomo, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY Whooping American Medical Association.) Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-'name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory valvulor heart disease; Nomenclature Meosles;

Charles

23

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No. 100
Village or City Leuls wille (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUDOWED, MUTTIER OR DIVORCED (Write the word)	16 DATE OF DEATH February 3 , 1932 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from fau 20 1922 to 7ch 3 , 1922, that I last saw h Muselive on Feb 1 , 1922,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 9.30 Q.m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Charles Co. Much.	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. mos. ds. (Signed) James E Walan M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Mary Elizabella Campbell	*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Chas Co.	At place of death
(Informant) (Address) LaPlate mg Filed feb 3 M 1923 2 Rillian Posly	where was disease contracted, if not at place of death? Former or usual readence. 19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS C. D. O. O. M.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

Every them of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proper / classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material business; that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The questo report specifically the occupations of persons enhousehold only (not paid Housekeepers who rcceive a sary to know the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on yrs .. Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Strtement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") pneumonia, Bronchopneumonia ("Pneumonia,

> approved (Recommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraomia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage,") causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by roilway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Come," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart etc. The contributory discase;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. I wais certificate is looked over thoroughly and all questions

No. 1.	MARGIN RESERVED FOR BINDING	ERVED FO	OR BIN	DING
WRITE	WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMALENT RECORD	IG INKT	HIS IS	A PERMA ENT RECORD
CIANS shoul	Every item of information should be carefully supplied ACE should be stated EXACTI CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classically classically stated.	efully supple	led AC	E should be stated EXACT

County Charles	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Wayside (No. 7)	Registration Dist. No. A general in a hospital or institution, give its NAME instead of street and number.)
Marked Widowed White Widowed Who Day Widowed Who Day Widowed W	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 2 - 7 , 193 2 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 that I last saw h and that death occurred on the date stated above, at The CAUSE OF DEATH & was as follows:
	Contributory Secondary (Duration) (Durat
13 BIRTHPLACE OF MOTHER (State or country) Yermany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transments, or Recent Residents) At place In the State,ys
(Informant) Mrs J. H. Baines. (Address) Riverdale Md.	f not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Tab 9th, 1933. 20 UNDERTAKER Pastin W. Hysongo Washington D. 6 W. Saratoga St., Paleo, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Househeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ceal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the eases, especially in industrial cuployments, it is neces-Civil engineer, Stationary firemen, etc. But ln mauy Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the discase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Nomendature of the American Medical Association.) ment of cause of death approved by quences (e.g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicacmia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Hacmorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 100 ds. causing death), 29 ds.; Bronchopncumonia vulsious." stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumer" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of(name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart discuse; (Recommendations on state-Example: Measles (disease "Anacmia" Committee on Meastes; (second-(merely

If this certificate is 10 ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the sertificate is permanently filed.

TAI

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in hospital or Institution, give its NAME instead of street number.) MEDICAL CERTIFICATE OF DEATH (Day) (Year) I HEREBY CERTIFY. That I attended the deceased from (Duration) yrs mes ds (Duretion)yrs,mos. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State, yrs. mos. de. TATE OF BURIAL ADDRESS

Registrar

(Approved by U. S. Consus and American Public Health Association.)

state occupation at beginning of illness. If retired from Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up ou account of the disease causing heath. Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But In many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocapplies to each and every person, irrespective of For many occupations a single word or term on and children, not gainfully em-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) head of "contributory." ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or momicidal, or Examples: Accidental drowning; Struck by railway "Puerperal septieaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," taken. State cause ean be ascertained as the cause. Always qualify all "Uracmia," "Weaknes:." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or causing death), 29 ds.; Bronchopncumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid FOR VICLENT DUATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-The na-Measics; terminal (merely (seeondnot be

		1	(1) (1)
(III)	200	PLACE OF DEATH	STATE OF MARYLAND
(III)	EX.	County Colado	CERTIFICATE OF DEATH
	0 0	(2)	2-2)
	fie f	X 111	Registration Dist. No. 103
Q	CTL	Village or City al dong (No.	St.: Ward) (if death occurred in a hospital or institu
ORD	cia ate	011 9	tion, give its NAME in
Ö	E Si	2FULL NAME III Guma	Allengand number.)
N. N.	roper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
72	0.00	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
7-2	be be	J , MI T WIDOWED March	41 /3 , 1932
MA	ay	Tund While (Write the word)	(Month) (Day) (Year)
Z	h	6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
00	w _ w	March 2 . 1879	1927 to 1927
R 4	tha tlon	(Month) (Day) (Year)	that I last saw htm alive on de 13, 193.2
5	A o t	7 AGE 5-2 IfLESS than	and that death occurred on the date stated above, at JPni
S	s s	1 day hrs.	The CAUSE OF DEATH * was as follows:
납표	In En	yrs. // moa. // ds. or min.?	af tribal
> [te te	(a) Trade, profession or	Mu or a special
中关	8 1 8	particular kind of work the	
IN I	E E	(b) General nature of industry business, or establishment in	
K 5	rta rta	which employed or (employer)	(Durstion)yrs mosds.
Z	e ca ATH mpo	9 BIRTHPLACE	Contributory Secondary
FA	EA I	(State or country) June	(Duration) yrs. mos. ds.
AR	Da y	10 NAME OF	(Signed) They: Lynd M. D.
ΣT	000	Land / grown	100 111 25 -1 1 -1
I	SEN	OF FATHER	
3	AUS	Z (State or country) Dan / Lnon	*State the Disease Causing Death, or, in death's from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	HOP	OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
5	Ega	a tagette	ients or Recent Residents)
4	eta CCU	13 BIRTHPLACE OF MOTHER	At place in the
	- po	(State or country) Dong lung	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
[XA	o E o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
E	Sha	as El Doelessant	Seemer or usual residence
R	FUE	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
>	Every CIAN state	(Addreas) Melssy Mil	Calcland Cen 7 16, 32
o	E O E	15 5 114 37 m. P 7 5. 8.	20 UNDERTAKER
Z	m	Filed 1920 N Registrar	Huntaken aller
	ż	If more branks are needed, addre. a State Registrar	, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs... For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. business. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-ployed, us At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Julness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer. Laborer-Coal mine, etc. Womwithout more precise specification as Day (4: the kind of work and also (b) the 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-LEANT (The primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Sexile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonueum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by atie), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved tetanus) may carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American as fracture of Recomm Examples: Accidental drowning; Struck by radioay train-Never report mere symptoms or terminal condicough; ledical Assoc tions on state estated under the head of "contributory." Committe skull, and consequences (e.g., sepeis, Chronic etc. The contributory valvular heart nt of cause of death omenclature of the disease; not be

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vi.

	PLACE OF DEATH	STATE OF MARYLAND
C	County Charles	CERTIFICATE OF DEATH Registration Dist. No. 105
Vill	2 FULL NAME SUPPL Kuber	St; Ward) A hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
n	SEX 4 COLOR OR RACE 8 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) ATE OF BIRTH Color or RACE 8 SINGLE, Married WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH The Day, 1882 (Mouth) (Day), 1882 (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 23, 1923, 1923 that I just saw have alive on Feb. 22, 1923
7 A	(Month) (Day) (Year) GE If LESS than dayhrs. day	and that death occurred on the date stated above, at 95% a.m. The CAUSE OF DEATH & was as follows: Cardiac Dilabstion
D W	a) Trade, profession or articular kind of work	Contributory Walmus Contribut
PARENTS	11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	(Signed) #State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suieldal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transcients, or Recent Residents) At place In the State, yrs. mos. de
15	(Informant) Orothy Hours (Address) Meldoy Mol Filed Felt 2 4 192 2 Mc C-Months Registrar	Where was disease contracted, if not at place of death? Former or usual residence
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from whatever, write None. tired & yrs.). For persons who have no occupation or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm laborer, Laborerto report specifically the occupations of persons ener," etc., nature of the business or industry, and therefore an Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." ture of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the Poisoned by earbolie acid-probably suicide. and qualify as accidental, suicidal, or Homicidal, or train-aecident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Examples: Aecidental drowning; Struck by railway "Puerpenal septicaemic;""Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes: " cte., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronie interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-The na-Measles; (merely (second-"Con-

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Cherle	Registration Dist. No.
Village or City Paneoustey (No. Jeu	St.; Ward) (If denth occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, Wildows Willower Or Divorced	(Month) (Day) , 1835
6 DATE OF BIRTH David Recurs	17 I HEREBY CERTIFY, That I attended the deceased from 1928, to 2 - 1 7 193 that I last saw h LK alive on 2 193
(Month) (Day) (Year) 7 AGE If LESS than dayhrs. Obelet 70 yrs. mos. ds. or min. ?	The CAUSE OF DEATH is were so followed above, my 4.D. L. D.
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 HIRTHPLACE (State or CHRHEEY) Many land	(Duration)yrsmee
16 NAME OF FATHER BREAKS Muchelli 11 BIRTHPLACE OF FATHER (State or country) Down' Kurne	(Signed) 2/19 1982 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Sulcidal or Homicidal.
12 MAIDEN NAME OF MOTHER Dref Kurus 13 BIRTHPLACE OF MOTHER (State or country) and Kurus	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs mos da. State, yrs mos
(Informant) Cugue Full General Guller	Former or usual residence
(Address) Canalyties MI) Filed 2-19 1932 Mush Mb. Club Registrar	20 UNDERTAKER Party London Barran Barran 19.3 20 UNDERTAKER ADDRESS Wasans Spring
If more blanks are needed, address State Registrar	. 16 W. Saratoga St., Ralto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

19

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a er," etc., whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re Housemaid, etc. to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Cual mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked ou may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locumoline engineer, fulness of various pursuits can be known. Statement of Occupation-Precise statement of oe For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation If the occupation has been changed The ques

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid ungles, perifonacum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. train-accident; Revolver around of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or State eause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma." conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory "Dropsy," "Exhaustion," "Heart failure." "Haemor causing death), 29 ds.; Bronchopneumonia vulsions," Whooping cough; Chronic valvular heart disease; (secondary or intercurrent) affection need not be For "Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS STATE MEANS OF INJURY (Recommendations on state-The na-(seeond-(merely "Con-



BINDING

MARGIN RESERVED FOR

V. S. No. 1

¹ PLACE OF DEATH	01573
	STATE OF MARYLAND
County Oh asles	CERTIFICATE OF DEATH
5, , .	Registration Dist. No. / 0 8
Village or City Recepterate (No	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
man down or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH . Fee // , 199 ~
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
tel // 183-	The 1952 to tel 1, 1952,
(Month) (Day) (Year)	that I last saw h Slalife on born they, 192,
AGE ATTICLE Corn If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 4 mos. de,
9 BIRTHPLACE (State or country)	Contributory Meckinson Secondary (Duration) 778 mos. ds.
10 NAME OF THE WOODLAND	(Signed) Army C. Chappan M. D.
OF FATHER Z (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eva Woodland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Love Love	Former or usual residence
(Address) Dhytening Zug	new North DATE OF BURIAL New North Act 12 1932
15 Filed 2/12/3 1/2 En Chaffelaar/ Rogistrar	20 UNDERTAKER ADDRESS Phelip Johnson Hagharille had
/ If more bianks are needed, address State Registrar	, 16 W. Saratoga Sv., Balto., Requesting V. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH For many occupations a single word or term on Locomolive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fover (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EAST CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pistime and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ethaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Experimendations on statement of cause of death Never report mere symptoms or terminal condi or intercurrent) Example: Measles (disease affection need not he valvular heart disease; etc. The contributory

answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate is It this certificate is looked over thoroughly and all qu stions

permanently filed.

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state infor-

should

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MHYSI.	od. Exact	PLACE OF DEATH County Charles.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. /
ECORD	ly clas	Village or City Welcome (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
NDIMENT REMANDED TO BE STATED	be pr	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED WIDOWED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH February 3, 1932 (Month) (Day) (Year)
= 44 5	0 0 0	7 AGE SIRTH (Month) (Day) (Year)	that I last saw h hundlive on Leh 3 1922 and that death occurred on the date stated above, at 5 100 P. m
SERVED FINKTHIS I	See ins	B OCCUPATION (a) Trade, profession or particular kind of work	The CAUSE OF DEATH * was as follows:
RESI NG IN	In pla ortant.	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Chs. Mysicardilis + Secondary Eustocardil
M VITH I	SE OF DE	10 NAME OF FATHER OFFICE PROJECT OF FATHER (State or country)	(Signed) Accepted the Company of Injury and (2) Whether
LAINLY, V	State CA	12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) Ches. Co.	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds, Stateyrsmosds
ry Item of	CIANS should statement of O	(Informant) & welcome my knowledge (Address) Welcome my	Where was disease contracted, if not at place of dea.h?
V. S. No. 1 N. B.—Eve	CIA	15 Filed Fet Hth 1923 2 William Mosey Registrar	20 UNDERTAKER 20 UNDERTAKER ADDRESS APPlace My 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, us At school, or At home. Care should be taken definite salary, may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealcases, especially in industrial employments, it is neces-Civil engineer, Studionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physicum, Foreman, For many occupations a single word or term on Farm laborer. Laborer-(b) Collon mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomolive engineer, (b) Automobile factory. The material 6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EANCE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepeis diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Semile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, " "Marasmus," "Old Age," "Shock," cough; Chronic etc. The contributory valvular heart disease; Nomenclature of the

PLACE OF DEATH STATE OF MARYL CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME is number.) ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. may be WIDOWED. 0 0 OR DIVORCED (Write the word) (Dav) (Month) HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH rms so that Instructions (Day) (Month) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 6 I day hrs. The CAUSE OF DEATH * was as follows: RESERVED min.? 8 OCCUPATION te (a) Trade, profession or Particular kind of work pla (b) General nature of industry business, or establishment in n Importa which employed or (employer) OI Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) DA (Duration) Q W F Di DO 10 NAME OF (Signed) FATHER 20 11 BIRTHPLAC OF FATHER *State the Diseaso Causing Death, or, in Z Violent Causes, state (1) Means of Injury and (State or country) OIL Accidental, Suicidal or Homicidai. 12 MAIDEN NAME O O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER of Inform 0 1 ients or Recent Residents) ccu 13 BIRTHPLACE In the At place of deathyrs......mos.ds. OF MOTHER (State or country) 0 T Where was disease contracted, if not at place of dea.h?. OF MY KNOWLEDGE Every Item CIANS sho statement Former or usual residence. 20 UNDERTAKER No If more blanks are needed, addre s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEACE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepeis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, monapproved by Committee on carbolic acid-probably suicide. The nature of the injury, (secondary Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart disease; nephrilis, etc. The contributory Example: Measles (disease Nomenclature of the contributory not be

1 5	1PLACE OF DEATH	01577
× × ×		STATE OF MARYLAND
, a	County Charles:	93-c CERTIFICATE OF DEATH
0,0	0 . 40	Registration Dist. No. / O
RECORD ed EXACTLY er;y classifierrificate.	Village or City Part Johnson 2FULL NAME Mary agn	St.: Ward) St.: Ward) About 1 (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
T R atec	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAINENT MAINENT and be st lay be pr back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Married OR DIVORCED (Write the word)	Jeb (Month) (Day) (Year)
IND ERM houi	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
m a w o	June 5, 1879	Tet 4 192 200 Teh 9 , 1923
TR OTO	(Month) (Day) (Year)	that I last saw h alive on ten 9, 192
ED FO	The state of the s	and that death occurred on the date stated above, at 11 100/2 m
V L de le	8 OCCUPATION (a) Trade, profession or	Broucho Premioria
4-1 02 - 50	particular kind of work (b) General nature of industry	Influencal
11 = 2 c	business, or establishment in	(Duration)
FADIN be car tmpor	which employed or (employer)	Contributory Chr. Mystarditis
	(State or country) Char. Co.	Secondary (Duration) yrad mos de
UNI	10 NAME OF FATHER Frank Practor	(Signed) James & hotau M. D
Z 20°	11 BIRTHPLACE	Jeh 10 19\$ 2 (Address) La Plata Well
with with attornial CAUSE	Z (State or country) Prince goo. Co.	*State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	12 MAIDEN NAME OF MOTHER Celis Thompson.	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
AINLY inform state	13 BIRTHPLACE	ients or Recent Residents)
PLAIN f inford d stat	OF MOTHER (State or country)	At place of death yrs des. ds. In the State yrs des.
E P ouice	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Sh	(Informary Alles Devaus	Former or usual residence.
Every II CIANS statement	Address Part Topaces	Te Nomas - Chapellout Feb 12 - 103-
M	Fighth 10 1937 hllian V. Josep	Chas. N. Roby Befally ned
/ Z	If more banks are needed added a tast. Political	16 W Santage St. Dalta Differentian V S. h. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm loborer, Laborer—Coat mine, etc. woun-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (q) the kind of work and also (b) the not gainfully em-(b) Grocery,

Strtement of Cause of Death—Name, first, the DISEAS CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

as fracture of skull, and consequences (e. g., sepais, American Medical Association.) approved by Committee on tolanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease inges, perilonueum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atie), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitied nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; (secondary or intercurrent) affection need Never report mere symptoms or terminal condi-Chronic valerdar Nomenclature of the heart disease;

N. C.	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
NDING &	MANENT REC	XACTLY. P.	lassified. Exac	
ED FOR BII	HIS IS A PER	be stated E	be properly c	of certificate.
MARGIN RESERVED FOR BINDING	UNFADING INK-TI	supplied. AGE should	n terms, so that it may	TION is very important. See instructions on back of certificate.
	TE PLAINLY, WITH	should be carefully s	E OF DEATH in plain	is very important. Se
S. No. 1	N. B.—WRIT	mation	(CAUS)	NOIT

STATE OF MARYLAND	-CERTIFICATE OF DEATH 02122
1. PLACE OF DEATH	95.6
County Charles	Registration Dist. No.
Village or City Januar Cley	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mos ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Churchen Thomas	
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED (wrightha word filed access)	
ia. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of homes Thomas	22. I HEREBY CERTIFY. That I ettended deceased from 1982 to Sure le veul, 19
	I last saw his aliva on 2 1 9 1932 death is said
5. DATE OF BIRTH (month, day, end year) 7. AGE Years / Months Days If LESS tha	
7 X 1 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profassion, or particular	wara as follows: Date of onset
kind of work dona, as SPINNER Course Course	durane, Central
9. Industry or businass in which work was dona, as SILK MILL,	P. Invalle
SAW MILL, BANK, atc	nucornag &
2 10. Date deceased last worked at this occupation (month end yaar)	
DD 1	Other Contributory Causes of Importance:
(State or country)	no della
1 // 7	- maca
13. NAME for forest	
14. BIRTHPLACE (city or town) - June 1. (State or country)	Name of operation
15. MAIDEN NAME DONG - Kluerer	What test confirmed diagnosis? Was thara an aulopsy?
	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida? Date of injury, 19 Where did injury occur?
Marine 11	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
(7. INFDRMANT Address) Durwilley	opensy whather injury occurred in the bost kit, in the inc, of the foliation reports.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of Injury
Placa Mishrofe and Date 2 23 193	Natura of Injury
19. UNDERTAKER July 4. Brown	24. Was disease or injury In any wey related to occupation of decaased?
20. FILED 2: N3 , 19.3 v Auga We Chine	(Signad) Oleman M. D.
If more blanks are needed, address State Regis	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 5 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2
County Charles	Registration Dist. No. 102
Village or City Oso 15 Vacado	NoSt.,Ward
(li Length of residence in city or town where death occurredyrsyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	l land
2. FULL NAME (Inomas) Succession	Ot World
(a) Residence: No. (Usual place of abode)	St. Ward. / If nonresident give eily or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male Slack S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5e. It matried, widowed, or divorced HUSBAND of	22. 1 HEREBY CERT1FY, That I altended deceased from
(on) WIEE of	19
6. DATE OF BIRTH (month, day, and year)	I last saw in alive on
7 AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
fib lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decesed last worked at this occupation (month and spent in this spent in this	Premalure
SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 13. NAME Oller Thomas 14. BIRTHPLACE (city or town) Charles Co (State or country)	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Pring COSTOCION) 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to externel causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?
17. INFORMANT Jonny florings (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Piece (2025) Roads Date Feb (61h 1932	Manner of injury
19. UNDERTAKER Homy thomas (Address) Cross Roads Md	24. Wes disease or injury in eny way related to occupation of deceased? If so, specify
20. FILE 16th, 1932 UV Thompson Focal Registrar.	(Signed) (Signed) (Address). Doncastin Mid

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Gallstones	BUREAU V.S.	May 1,1923	Gastroenteritis	1 year

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